



City of Jackson, Mississippi Land Bank Program



Parcel No: _____

Application for Land Bank Certification

Section 1: Personal Information

Applicant's Full Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Address or Location of Property You Wish to Purchase: _____

Section 2: Proposed Land Bank Purchase

1. Address(s) of the Property _____

() Vacant Land

() Structure

2. Proposed Use of the Property:

() Yard Extension – (No Requirement)

() Parking (Residential/No Requirement-Commercial/Requires Use Permit/Site Plan Review)

() Garage (Requires Building Permit)

() Home Addition (Requires Building Permit)

() New Home Construction (Requires Building Permit)

() Commercial Construction (Requires Building Permit/Site Plan Review)

() Rehabilitation of existing structure (Requires Building Permit)

() Other: _____

City of Jackson Departmental Contacts:

Site Plan Review – Joseph Warnsley (601) 960-2253 – Building Permits – (601) 960-1159)

Section 3: Construction Project Information

1. Does the project comply with current zoning? Yes _____ No _____
(Call Zoning at 601-960-2037)
2. Type of Ownership: Individual: _____ Corporation: _____ Nonprofit: _____ Other: _____

Note: Before final approval of this Application can be granted, financial data, site plans, conceptual drawings and/or sketches relative to the proposed construction improvement(s) must be submitted to the Housing Division of the Planning and Development Department for review and comment.

3. Proposed use of property:
☐ Home Ownership
☐ Rental Home
☐ Business/Commercial Use
☐ Apartments
☐ Other, Specify: _____
4. Will you seek Tax Increment Financing or other public tax exemptions? _____
5. How do you intend to finance the construction of the improvements?

6. Are you working with any local non-profit neighborhood organization? _____yes _____ no
If yes, please identify: _____
7. Starting Project Date: _____ Completion Date: _____

Comments: _____

Section 4: Additional Comments & Term of Proposal

Incomplete applications will not be considered and will be returned to the sender.

As the applicant I attest that the information in this proposal is accurate. I attest that I have read the City of Jackson's Land Bank policy and agree to the terms and conditions of it. I understand that the City of Jackson reserves the rights to reject any proposal without cause.

Applicant's Signature

Print Your Name

Date

Return Completed Application to:

City of Jackson – Land Bank/Surplus Property Division



City of Jackson
Land Bank Development Project
APPLICATION
FY 2006-2007

THIS AREA FOR STAFF USE ONLY.

Date received:

Project #:

Please complete and answer all questions accurately and completely. Please type or print in blue or black ink. All attached information must accompany the application at time of receipt.

APPLICANT INFORMATION

1. Lead Applicant/Organization Name: _____

Contact Person Name & Title: _____

Physical Address: _____

City: _____ **State:** _____ **Zip:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Business Phone: _____ **Home Phone:** _____

Fax: _____ **Email:** _____

2. Secondary/Partner Applicant/Organization Name (if applicable): _____

Contact Person & Title: _____

Physical Address: _____

City: _____ **State:** _____ **Zip:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Business Phone: _____ **Home Phone:** _____

Fax: _____ **Email:** _____

3. Applying as:

☐ Individual ☐ Non-Profit with 501(c) 3 status ☐ Certified Housing Organization

☐ Private For-Profit Organization ☐ Public Organization ☐ None of the Above

4. If applicant is a Non-Profit 501 (c)3 Organization, Private For-Profit Organization or Public Organization, please attach a one-page list of your current Board members and indicate the experience and background they bring to your organization.

5. If applicant is a Non-Profit 501 (c) 3 Organization, please include evidence that the proposed project has the support of the organization's Board of Directors.

6. Federal Tax or Employer Identification Number: _____

7. Does your organization mainly serve (check one, if applicable):

- ☐ Working Class ☐ Elderly ☐ Disabled Adults ☐ Homeless Persons
☐ Illiterate Adults ☐ Battered Family ☐ Migrant Workers ☐ Persons with AIDS

PARCEL/PROPERTY INFORMATION

8. Parcel Number(s): _____

9. Address(s)/Location(s) of the Parcel/Property: _____

10. Current Status of Parcel/Property:

- ☐ Vacant Land ☐ Existing Structure(s)

11. Proposed Use of the Parcel/Property: check all that apply

- ☐ Yard Extension ☐ Parking/Driveway ☐ Garage/Covered Parking
(Requires Building Permit)
- ☐ Home Addition (Requires Building Permit)
- ☐ New Home(s) Construction (Requires Building Permit)
- ☐ Commercial Construction (Requires Building Permit)
- ☐ Rehabilitation of existing structure (Requires Building Permit)
- ☐ Other (Specify): _____

PROJECT INFORMATION

12. Project Name _____

a. Type of Project: check only one

☐ Rental Housing ☐ Single Family Home ☐ Multi-Family/Apartments

☐ Business/Commercial ☐ Other (specify):

b. Type of Proposed Project Activity: check only one

☐ New Construction ☐ Rehabilitation ☐ Infrastructure Improvement

☐ Other (specify):

c. Does the applicant intend to seek any public financing, assistance or incentives from local, state or federal sources?: ☐ Yes ☐ No
If Yes, Please list all that apply:

d. Project Summary (brief description):

e. **Must** attach an irrevocable letter of credit or pre-approval letter from your bank or financing source.

f. **Must** attach conceptual drawings, architectural renderings or site plans of the proposed project.

NOTE: Before final approval of this Application can be granted, site plans, conceptual drawings and/or sketches relative to the proposed construction improvement(s) must be submitted to the Planning and Development Department for review and comment.

13. a. Zoning:

Current Zoning Designation: _____

Is the Project a Permitted Use that Complies with Current Zoning? ☐ Yes ☐ No

b. Development Status:

Has project had a Conceptual Review by the Planning Department? ☐ Yes ☐ No

c. If applicable, has this project had a neighborhood meeting? ☐ Yes ☐ No

If yes, Date and Location(s):

If not, is one planned, date and location(s)? ☐ Yes ☐ No

PROJECT CONTEXT

14. a. Objectives – This Proposed Project (check all that apply):

- | | |
|-------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Provides Decent Affordable Housing | <input type="checkbox"/> Creates a Suitable Living Environment |
| <input type="checkbox"/> Provides Economic Development | <input type="checkbox"/> Strengthens Quality of Life |

b. Outcomes – This Proposed Project Addresses (check all that apply):

- | | | |
|-----------------------------------------------------|----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Availability/Accessibility | <input type="checkbox"/> Affordability | <input type="checkbox"/> Sustainability |
|-----------------------------------------------------|----------------------------------------|-----------------------------------------|

PROJECT GOALS

15. Using bullet points, specifically describe the Project Goals for providing or assisting in the preservation or expansion of affordable housing in the City of Jackson:

PROJECT TIMELINE

16. Briefly outline the proposed timetable for the improvements to the property requested (include other project factors such as re-zoning, construction schedule, or funding). Please note: If conveyed, this schedule will serve as the basis for accountability.

<u>Start Date(s)</u>	<u>Completion Date(s)</u>	<u>Description of Activity</u>

PROJECT/ORGANIZATION FINANCIAL CAPACITY

17. Please attach evidence of your or your organization's capacity and experience (years and previous similar projects) to undertake and complete the proposed project within the established timetable and budget (include evidence of financial commitment(s) from funding sources). Please limit financial commitment documents to five pages.

a. Has your organization borrowed money in the last 12 months? ☐ Yes ☐ No

If YES, what was the purpose for borrowing? Please provide the terms and conditions for repayment: _____

b. Is there any financial restructuring anticipated by the organization to address financing shortfalls, debt restructuring, working capital, etc. in the next 12

months? ☐ Yes ☐ No

If YES, please explain: _____

c. Based on your organization's most recent audit, were there any outcomes or findings that changed the way the organization does business? ☐ Yes ☐ No

PREVIOUS TAX LIENS

18. Have you or your organization had any tax liens placed on you or its property in the LAST 3 YEARS? ☐ Yes ☐ No

PREVIOUS CITY FUNDING

19. Please list any City funds or contracts your organization received in the LAST 3 YEARS, most recent first, and whether or not said funding will be applied to this Project.

Year	Project Name	Amount Awarded	Amount Expended to Date	

SIGNATURE BLOCK

20. The information contained in this application is truthful and accurate to the best of the applicant's knowledge. I attest that I have read the City of Jackson's Land Bank Policy and agree to the terms and conditions thereof. The applicant acknowledges that the failure to include all information necessary for a competent and complete review or to include information that is untruthful, the City of Jackson reserves the right to reject this application and the summary termination of any Agreement resulting without cause.

Name (Print)	
Name (Signature)	Date
Title (must be signatory authority)	

CITY OF JACKSON LAND BANK PROPERTY PROGRAM
ORGANIZATION BOARD OF DIRECTORS ACKNOWLEDGEMENT

Organization/Entity: _____ Date: _____

Signatures must be by Board Members for the agency/entity that is/will be the property owner of record for the subject property on the Land Bank Program application.

- The Board of Directors approves application submittal for the City of Jackson Land Bank Property Program. Cycle: FY 2007-2008

Project Description: _____

Parcel(s)/Property(s) Requested: _____

- The Board of Directors understands and acknowledges that it has the financial capability to undertake any improvements to the property as outlined in its City of Jackson Land Bank Program application.
- The Board of Directors understands and acknowledges that a Deed of Trust will be issued, and effectively convey ownership of the property under MS Code 21:17:1. The Board further understands that it is its responsibility to maintain said property in accordance with all applicable City of Jackson Code of Ordinances and the laws of the State of Mississippi. In addition, Restrictive Covenants on the property may be implemented.

Name (PRINT)

Name (PRINT)

Signature

Signature

Board Title

Board Title

ATTEST: _____
Executive Director

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